IPDR6702				NORTH CAROLINA		PAG	E: 1	
RUN DATE:	06/03/2007			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 06/05/2007 FINANCIAL PAYER: NCDMH				
				PINANCIAL PAIRS. ACDAR				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	896	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8599	652	DETAIL NOT COVERED BY COMBINAT	22	3075	3077	2
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		21	621	DUPLICATE OF CLAIM-SYSTEM				
3404904	WESTERN HIGHLAN	8534	180	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		5404	144	SEVERE DUPLICATE: SAME ATTO PR		1066	4458	3392
				OV/PCODE/TOS/DOS/MOD		1000	4430	3352
		8564	143	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN		-		
				ELIGIBILITY PERIOD.				
3404910		8505	1866	CLAIM DENIED DUE TO INSUFFICIE				
2104210	PATHWAYS	0.00	2300	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0504	0.0					
		8534	87	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	1	2356	3174	764
				PROVIDER. PLEASE VERIFY THE F				
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	4807	39	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS				
	ENTAL HEALT			N HAS BEEN EXCEEDED FOR THIS SERVICE				
		8599	20	DETAIL NOT COVERED BY COMBINAT	0	71	2359	2288
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				Balla II I Norman				
		191	11	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8505	5424	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	749	FURTHER PROCESSING NECESSARY,	13	8359	8645	286
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	659	DUPLICATE OF CLAIM-SYSTEM				
			L					
3404916	CROSSROADS BEHA	8505	17	CLAIM DENIED DUE TO INSUFFICIE				
-101,10	VIORAL HEAL			NT BUDGET				
		1588	14	CLAIM DENIED. TREATMENT HAS B	-			
	-	200		CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY	0	45	64	19
				ANOTHER PROVIDER FOR THIS DATE				
		70		THIS SERVICE IS NOT PAYABLE TO				
	 	79	0	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		-		
			<u> </u>	PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM	8505	442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	AN SERVICES			AI DODGE!				
	1			<u> </u>				
		4807	47	SERVICE DENIED. UNIT LIMITATIO	1	595	1628	1033
		4807						
		4807		N HAS BEEN EXCEEDED FOR THIS				
		4807		N HAS BEEN EXCEEDED FOR THIS SERVICE				
		8599	31					
			31	SERVICE				

Company Comp					T			TOTAL	TOTAL
MOTIONAL MONE MOTION MOT	ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
1400 771	JMBER	PROVIDER NAME		DENIALS	DESCRIPTION			FINALIZED	PAID
1400 771									
NA -	104919	GUILFORD CO MEN	8505	7763	CLAIM DENIED DUE TO INSUFFICIE				
					NT BUDGET				
			8800	773	FURTHER PROCESSING NECESSARY,	0	8587	8593	6
144900					PLEASE CHECK FOR CLAIM ON	0	0307	0393	
MORNING COUNTS 1955 1956					FUTURE RA'S.				
NEW			8599	14	DETAIL NOT COVERED BY COMBINAT				
ALMOST CAME:					ION OF RECIPIENT, PROVIDER AND				
LEMBA ME 0					BENEFIT PACKAGE.				
LEMBA ME 0	404920	NI AMANGE CACMET	8505	3388	CLAIM DENIED DUE TO INSUFFICIE				
1000 1									
			8000	92	NO PATE AVAILABLE ON FILE TO D				
144521 OLANDE PERSON C						0	3627	5142	1515
144521 OLANDE PERSON C									
144521 OLANDE PERSON C			21	76	DUDITONTE OF OLATM CVCTPM				
STEMP AND			21	76	DUPLICATE OF CLAIM-SISTEM				
STEMP AND									
STEMP AND			0505	0000					
140 141			0203	4210					
		DALHAM AKEA	 						
11			143	44		0	2419	3725	1306
1000 1000			 						
1000 1000									
1549422 THE DOMINA CENT 555 533 0.38 CAIN GREEK PUE TO INSCRIPTION			11	43					
141 PUTTURE PROCESSION NECESSARY, 0 9915			 		MOTE AND				
141 PUTTURE PROCESSION NECESSARY, 0 9915									
	04922		8505	8383					
PLATABLE MINGS FOR CLAIM ON PLATABLE MINGS FOR CLAIM ON CLEET TO MUNDER HOT ON STATE ELIGIBILITY FILE STATE ST		ER			NT BUDGET				
PLATABLE MINGS FOR CLAIM ON PLATABLE MINGS FOR CLAIM ON CLEET TO MUNDER HOT ON STATE ELIGIBILITY FILE STATE ST									
			8800	1441		0	9919	10562	643
1 1 1 1 1 1 1 1 1 1									
### ### ##############################									
340-6923 FIVE COUNTY MH 21 77 OUFLICATE OF CLAIM-SYSTEM			143	60					
11 42 CLIENT NOT ELIGIBLE ON SERVICE 0 241					ELIGIBILITY FILE				
11 42 CLIENT NOT ELIGIBLE ON SERVICE 0 241									
DATE	104923	FIVE COUNTY MH	21	77	DUPLICATE OF CLAIM-SYSTEM				
DATE									
DATE									
			11	42		0	241	2653	2412
SCIALTY COMBINATION IS NOT VALID FOR SUBMITED BILLING FR ANABOMILLS CENTE SOSS SANDHILLS SANDHILLS CENTE SOSS SAN					DATE				
SCIALTY COMBINATION IS NOT VALID FOR SUBMITED BILLING FR ANABOMILLS CENTE SOSS SANDHILLS SANDHILLS CENTE SOSS SAN									
VALID FOR SUBMITTED BILLING FR			8536	35	ATTENDING PROVIDER TYPE AND SP				
3404927 CUMBERLAND CO M 8532 48 SUBMITED BILLING PROVIDER IS AFOR NEI/DD CLAIM DENIED DUE TO INSUFFICIE CAIM OF SERVICE BILLING PROVIDER IS BY SANDHILLS CENTE AS 55 56 1 CLAIM DENIED DUE TO INSUFFICIE CAIM CAIM CAIM CAIM CAIM CAIM CAIM CAIM									
R FOR MM/DD					VALID FOR SUBMITTED BILLING PR				
R FOR MMI/DD	104925	SANDHILLS CENTE	8505	561	CLAIM DENIED DUE TO INSUFFICIE				
SCIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 21 195 DUPLICATE OF CLAIM-SYSTEM 21 195 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 8599 111 DETAIL NOT COVERED BY COMBINAT G MENTAL HL 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8800 70 FURTHER PROCESSING NECESSARY, 5 429 PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 11 61 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404927 CUMBERLAND CO M 8532 48 SUBMITTED BILLING PROVIDER IS NC SERVICE BILLED 8850 15 CLIENT ONLY ENROLLED IN TRACKI 0 103									
SCIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 21 195 DUPLICATE OF CLAIM-SYSTEM 21 195 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 8599 111 DETAIL NOT COVERED BY COMBINAT G MENTAL HL 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8800 70 FURTHER PROCESSING NECESSARY, 5 429 PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 11 61 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404927 CUMBERLAND CO M 8532 48 SUBMITTED BILLING PROVIDER IS NC SERVICE BILLED 8850 15 CLIENT ONLY ENROLLED IN TRACKI 0 103									
SCIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 21 195 DUPLICATE OF CLAIM-SYSTEM 21 195 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 8599 111 DETAIL NOT COVERED BY COMBINAT G MENTAL HL 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8800 70 FURTHER PROCESSING NECESSARY, 5 429 PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 11 61 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404927 CUMBERLAND CO M 8532 48 SUBMITTED BILLING PROVIDER IS NC SERVICE BILLED 8850 15 CLIENT ONLY ENROLLED IN TRACKI 0 103			8536	227	ATTENDING PROVIDER TYPE AND SP	1	1492	4403	2921
21					ECIALTY COMBINATION IS NOT	1	1702	1103	1251
3404926 SOUTHEASTERN RE 8599 1111 DETAIL NOT COVERED BY COMBINAT G MENTAL HL 108 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8800 70 FURTHER PROCESSING NECESSARY, 5 429 FLEASE CHECK FOR CLAIM ON FUTURE AR'S. 11 61 CLIENT NOT ELIGIBLE ON SERVICE 11 DATE 1304927 CUMBERLAND CO M 8532 48 SUBMITTED BILLING PROVIDER IS RC 10 SERVICE BILLED 8950 15 CLIENT ONLY ENROLLED IN TRACKI 0 103			<u> </u>		VALID FOR SUBMITTED BILLING PR				
3404926 SOUTHEASTERN RE 8599 1111 DETAIL NOT COVERED BY COMBINAT G MENTAL HL 108 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8800 70 FURTHER PROCESSING NECESSARY, 5 429 FLEASE CHECK FOR CLAIM ON FUTURE AR'S. 11 61 CLIENT NOT ELIGIBLE ON SERVICE 11 DATE 1304927 CUMBERLAND CO M 8532 48 SUBMITTED BILLING PROVIDER IS RC 10 SERVICE BILLED 8950 15 CLIENT ONLY ENROLLED IN TRACKI 0 103			21	195	DUPLICATE OF CLAIM-SYSTEM				
SOUND FRECIPIENT, PROVIDER AND									
SOUND FRECIPIENT, PROVIDER AND									
SOUND FRECIPIENT, PROVIDER AND	104926	CONTRACTOR	8599	111	DETAIL NOT COVERED BY COMBINAT				
			<u> </u>	-					
PLEASE CHECK FOR CLAIM ON									
PLEASE CHECK FOR CLAIM ON			9900	70	PHIDTHED DECARCEING MEGRACING				
### PUTURE RA'S. 11 51 CLIENT NOT ELIGIBLE ON SERVICE			0000	7.0		5	429	3740	3311
DATE			1						
DATE			11	C1	GY YENG NOT BY JOYDY B. ON THE STATE OF THE				
3404927 CUMBERLAND CO M 9532 48 SUBMITTED BILLING PROVIDER IS MC NOT ELIGIBLE FOR DATE OF SERVICE BILLED			11	ρŢ					
NOT ELIGIBLE FOR DATE OF SERVICE BILLED SERVICE BILLED SOURCE SERVICE BILLED OUT OF SER			 						
NOT ELIGIBLE FOR DATE OF SERVICE BILLED SERVICE BILLED SOURCE SERVICE BILLED OUT OF SER									
SERVICE BILLED 8950 15 CLIENT ONLY ENROLLED IN TRACKI 0 103			8532	48					
8950 15 CLIENT ONLY ENROLLED IN TRACKI 0 103		HC	 						
			†						
			8950	15		0	103	940	837
NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP									
ANYOLILED AN A FUNDED FUP OROUP			 		THE POST OF GROUP				
8599 15 DETAIL NOT COVERED BY COMBINAT			8599	15					
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			<u> </u>						
BANGFII FALLAGE.	-		 		PROPERTY.				

1	1		1	T				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOHDER	PROVIDER NAME	2020	DIMINIO	DEGULETTON	DENIALS	DENIALS	FINALIZED	PAID
3404930	TOUNGBON GOTHING	4807	37	SERVICE DENIED. UNIT LIMITATIO				
	JOHNSTON COUNTY			N HAS BEEN EXCEEDED FOR THIS				
	MNTL HLTHC			SERVICE				
		959	11	MAXIMUM NUMBER OF UNITS PER DA	0	60	322	262
				Y PREVIOUSLY PAID FOR THIS	0	- 00	322	202
				DATE OF SERVICE.				
		11	8	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404931		21	676	DUPLICATE OF CLAIM-SYSTEM				
3101931	WAKE CO HUM SVC		070	DOI DICKID OF CLIMAN DIDILIN				
	BILLING OF							
	+	8505	402	CLAIM DENIED DUE TO INSUFFICIE				
		8505	402	NT BUDGET	86	2908	11682	8774
				NI BUDGEI				
		8534	359	SERVICE FACILITY LOCATION IS N				
		0034	359					
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT	8505	28	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	0	52	442	390
				DATE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
		-		H PATIENT NAME				
		-						
		-						
3404934		8534	375	SERVICE FACILITY LOCATION IS N				
3404934	ONSLOW CARTERET	0034	3/5	OT A VALID IPRS ATTENDING				
	BEHAV HEAL							
				PROVIDER. PLEASE VERIFY THE F				
		8599	308	DETAIL NOT COVERED BY COMBINAT	0	1124	2342	1218
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8535	126	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
	+							
3404935		0	0	*** NO DATA TO REPORT ***				
3404933	WAYNE CO MENTAL	0	0	NO DATA TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	177	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	1	DETAIL NOT COVERED BY COMBINAT	^	178	319	141
				ION OF RECIPIENT, PROVIDER AND	U	1/0	319	141
				BENEFIT PACKAGE.				
		-						
3404937	nnanaowe	8532	15	SUBMITTED BILLING PROVIDER IS				
- 10 1/3/	EDGECOMBE NASH			NOT ELIGIBLE FOR DATE OF				
	MNTL HLTH C			NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
				SERVICE BILLED				
		70	16	THIS CERTICE TO NOW DAVABLE #"				
		79	15	THIS SERVICE IS NOT PAYABLE TO	0	42	911	869
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE	8599	40	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.	1	1	1	
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	76	706	630
			İ		Ü	,,,	.00	
		8537	8	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404941	L	8505	314	CLAIM DENIED DUE TO INSUFFICIE				
7464046	PITT CO MH/DD/S	0202	314					
	AS CENTER			NT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY,	0	517	1283	766
	1	1		PLEASE CHECK FOR CLAIM ON	1	1	1	
				FUTURE RA'S.				
			İ					
		7001	43	EXCEEDS THE ONE PER DAY LIMITA				
			İ	TION				
				i .				

			1				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	TROVIDER MAIL				DIMINIO	DIMINIO	TIMELEE	TALL
3404942	ROANOKE CHOWANH	8532	210	SUBMITTED BILLING PROVIDER IS				
	UMAN SERVIC			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		21	46	DUPLICATE OF CLAIM-SYSTEM	(314	1159	845
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404943		11	316	CLIENT NOT ELIGIBLE ON SERVICE				
3101913	ALBEMARLE MENTA	11	310	DATE				
	L HEALTH CE			DATE				
		191	30	CLIENT ID NUMBER DOES NOT MATC				
		171	30	H PATIENT NAME	4	436	1118	68:
		+	1	+	1	1		
		+	1	+	1	1		
		5404	17	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD	1	1		†
								†
					1	1		
3404944	EASTPOINTE HUMA	8599	21	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	18	NO RATE AVAILABLE ON FILE TO P	2	83	2286	2203
				RICE THIS CLAIM DETAIL				
		79	11	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	1104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NT BUDGET				
		8599	260	DETAIL NOT COVERED BY COMBINAT				-
		0233	260	ION OF RECIPIENT, PROVIDER AND	(1753	2275	522
				BENEFIT PACKAGE.				-
				Difficulty of the state of the				
		21	160	DUPLICATE OF CLAIM-SYSTEM				
		2.1	100	DOLLIGHT OF CERTIF OTOTER				-
								-
		+	1		1	1		
3404957	TIDELAND MENTAL	8505	15	CLAIM DENIED DUE TO INSUFFICIE	1	1		
	HEALTH CTR			NT BUDGET				
	1		1		1	1		
		8000	7	NO RATE AVAILABLE ON FILE TO P	4	34	547	513
				RICE THIS CLAIM DETAIL		1		
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	-			-				
3404979	NEW RIVER AREAM	8534	3774	SERVICE FACILITY LOCATION IS N				
	H/DD/SA PRO			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		120	404	CLIENT ID NUMBER MISSING OR IN	(4281	4666	38
				VALID. ENTER CID AND SUBMIT	1	1		ļ
				AS A NEW CLAIM	1	1		ļ
		191	46	CLIENT ID NUMBER DOES NOT MATC				
		131	46					
	1	1	1	H PATIENT NAME		1	1	I